GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:669
ANSWERED ON:22.10.2008
FREE TREATMENT OF POOR PATIENTS
Kumar Shri Shailendra

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government proposes to formulate a special scheme for providing free treatment and financial assistance to people living below poverty line suffering from life- threatening diseases in major hospitals in the country; and

(b) if so, the details thereof?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE(SMT. PANABAKA LAKSHMI)

(a) The Ministry does not propose to formulate a special scheme for providing financial assistance for people living below poverty line suffering from life-threatening diseases in major hospitals in the country.

(b)Though the Ministry does not propose to formulate a special scheme as above, the Ministry has two schemes namely: Rashtriya Arogya Nidhi and Health Minister's Discretionary Grant under which financial assistance is provided to poor patients for operation/treatment at Government Hospitals. The guidelines/instruction issued by the Government is given at Annexure.

Annexure

HEALTH MINISTER'S DISCRETIONARY GRANT

Under the scheme Health Minister's Discretionary Grants financial assistance is granted to the poor and needy patients to defray a part of expenditure on hospitalization for under going major surgical interventions and treatment of major diseases for which grants are sanctioned for heart ailments , Kidney transplant , Hip & Knee replacement, Cancer , AIDS , Hepatitis, Tumors etc.

The broad criteria laid down for sanctioning such grants are :

(A)

(i) The applicant is expected to apply in the prescribed Performa for the purpose

(ii) The amount of the grant in any one case does not ordinarily exceed Rs. 20,000/- . The grant is sanctioned as 'one time' grant and is released to the Medical Supdt. Of the hospital where patient is taking treatment.

(iii) For the purpose of sanctioning of financial assistance, an annual family income of upto Rs. 50,000 /- (Rupees Fifty Thousand) only is taken as the upper limit for being eligible for assistance.

(iv) After getting approval of Minister of Health & Family Welfare, a commitment letter is issued to the concerned hospital intimating sanction of financial assistance on receipt of a reply from the hospital about admittance /date of operation of the patient, the amount of financial assistance is release to the hospital.

(B)

(i) Government servants (Central State Government and PSUs Employees) are not eligible to receive financial assistance out of the Health Minister's Discretionary Grant.

(ii) All grants are non −recurring nature and no recurring liability is undertaken .

(iii) Re-imbursement of expenditure already incurred is not admissible.

(iv) The sanction of grant is restricted to patients taking treatment in Govt. hospitals no assistance is provided for treatment in private hospital.

(v) Financial assistance is not admissible for disease of common nature where treatment is not expensive

A copy of guidelines governing the scheme is enclosed(Annexure-A).

Annexure-A

1. HEALTH MINISTER'S DISCRETIONARY GRANT

Financial Assistance upto a maximum of Rs. 20,000/- is available to the poor indigent patients from the Health Minister`s Discretionary Grant to defray a part of the expenditure on Hospitalization/treatment in cases where free medical facilities are not available.

The broad criteria laid down for sanctioning such grants are :

(i) reimbursement of expenditure already incurred is not admissible under rules;

(ii) prolonged treatment involving recurring expenditure is also not admissible under rules;

(iii) financial assistance is not admissible for case of common nature where treatment is not expensive;

(iv) financial assistance is not admissible for T.B. cases for which free treatment is available under National T.B. Control Programme;

(v) Central as well as State Government employees are not eligible for grant under rules.

RASHTRIYA AROGYA NIDHI

The National Illness Assistance Fund (NIAF) renamed Rashtriya Arogya Nidhi (RAN) was set up under Ministry of Health & Family Welfare during 1997 with an initial contribution of Rs. 5.00 crores. State Illness Assistance Funds have also been set up in 24 States viz. Andhra Pradesh, Jammu & Kashmir, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Mizoram, Rajasthan, Sikkim, Tamilnadu, Tripura, West Bengal, Himachal Pradesh, Gujarat, Bihar, Goa, Chhatisgarh, Jharkhand, Uttarakhand, Haryana, Punjab,and Uttar Pradesh besides NCT of Delhi and Union Territory of Pondicherry. These States/Union Territories have been released grant-in-aid as admissible under Scheme. Other States/Union Territories have been requested to set up the Fund. All 5 Union Territories (with out legislature) have also set up Committees to screen cases of medical treatment. These UTs were sanctioned an outlay of Rs. 50 lakhs each during the year 1998-99. In January, 1998 it was decided that Medical Superintendent of 3 Central Government Hospitals in Delhi and 3 Institutes of national repute, viz. Dr. R.M.L. Hospital, New Delhi, Safdarjang Hospital, New Delhi, L.H.M.C. & Smt. S.K. Hospital, New Delhi AIIMS, New Delhi, PGIMER, Chandigarh and JIPMER, Pondichery may be sanctioned an amount of Rs. 10 to 20 lakhs each at a time from NIAF to provide immediate financial assistance upto Rs. 1,00,000/-(as substituted) from Rs. 50,000 w.e.f. 02-06-2008 per case to patients living below the poverty line. This scheme was subsequently extended to NIMHANS, Bangalore, CNCI, Calcutta, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, Gandhi Memorial & Associated Hospital, Lucknow, KGMC, Lucknow, NEIGRIHMS, Shillong, and RIMS, Imphal which have also been given similar advances.

A copy of the guidelines of the scheme is enclosed(Annexure-B).

Annexure-B

RASHTRIYA AROGYA NIDHI

The Department related Parliamentary Standing Committee on Human Resource Development in their 31st Report on the functioning of the Central Government Hospitals under the Department of Health, had expressed concern about inadequate facilities for the treatment of poor patients for major illness. The committee felt that it was essential to explore all appropriate sources of funds to assist poor patients coming to AIIMS or other Central Govt. Hospitals for their treatment of specific life threatening illness.

In view of the recommendations of the above Committee, it was decided to set up a National Illness Assistance Fund renamed Rashtriya Arogya Nidhi (RAN) under the Department of Health, Ministry of Health & Family Welfare. The Committee on non-Plan Expenditure in its meeting held on 17th October 1996 approved the proposal for setting up of the fund. Accordingly the Rashtria Arogya Nidhi has been set up vide Resolution No. F-7-2/96-Fin-II dated 13/1/97 as published in the Gazette of India (Extraordinary) and has been registered under the Society Registration Act, 1860, as an autonomous Society. This was set up with an initial contribution of Rs. 5 crores from Ministry of Health & Family welfare. The Fund could also be subscribed by individuals in India or abroad with the approval of FCRA, Corporate bodies in private or public sector, philanthropic organisations and all contributions made to this fund are exempt from payment of Income-Tax under section 80-G of Income-Tax Act, 1961.

The Fund will provide financial assistance to patients, living below poverty line who are suffering from major life threatening diseases, to receive medical treatment at any of the super speciality Hospitals/Institutes or other Government hospitals. The financial assistance to such patients would be released in the form of 'one-time grant', which will be released to the Medical Supdt. of the Hospital in which the treatment has been/is being received. In a bid to speed up the assistance to the needy patients, the Scheme has been modified in Jan `98 and an advance of Rs. 10 to 20 lakhs has been kept with the Medical Supdts. of AIIMS, New Delhi, Dr. RML Hospital, Safdarjung Hospital LHMC & Smt. S.K. Hospital, New Delhi, and PGIMER, Chandigarh, JIPMER Pondichery, to enable sanction of an amount up to Rs. 1,00,000/-(as substituted from Rs. 50,000/- w.e.f. 02-06-2008) in each deserving case reporting for treatment in the respective Hospital/Institute. The advance amount would be replenished as and when the reports of its utilisation are received from the Hospital/Institute. NIMHANS, Bangalore and CNCI, Calcutta, SGPGIMS Lucknow, Gandhi Memorial & Associated Hospitals(KGMC)Lucknow, NEIGRIHMS, Shillong, and RIMS, Imphal have also been given similar advances with suitable instructions to implement the Scheme.

All State Govts./UT Administrations have been advised vide Ministry of Health & Family Welfare letter dated 11/11/96 to set up an Illness Assistance Fund in their respective States/UTs. It has been decided that grant-in-aid from Central Government would be released to each of these States/UTs (with Legislature) where such Funds are set up. The Grant-in-aid to States/UTs would be to the extent of 50% of the contributions made by the State Govts./UTs to the State Fund/Society subject to a maximum of Rs. 5 crores to States with larger number and percentage of population below poverty line viz. Andhra Pradesh, Bihar, Madhya Pradesh, Karnataka, Maharashtra, Orissa, Rajasthan, Tamil nadu, Uttar Pradesh and West Bengal and Rs. 2 crores to other States/UTs. The State/UT level Funds could also receive contributions/donations from donors, as mentioned for NIAF. The Illness Assistance Fund at the State/UT level would release financial assistance to patients living in their respective States/UT upto Rs. 1.5 lakhs in an individual case and forward all such cases to NIAF, where the quantum of financial assistance is likely to exceed Rs. 1.5 lakhs.

The following States/UTs (with Legislature) have set up Illness Assistance Fund:- Karnataka, Madhya Pradesh, Tripura, Andhra Pradesh, Tamil nadu, Himachal Pradesh, Jammu & Kashmir, Maharastra, West Bengal, Kerala, Mizoram, Rajasthan, Goa, Gujarat, Sikkim, Bihar, Chhatisgarh, Jharkhand, Haryana, Uttarkhand, Punjab and Uttar Pradesh and the NCT of Delhi and Puducherry. The grant-in-aid released to these States/UTs, is indicated.

The following States/UTs have not yet set up the States Illness Assistance Fund in spite of repeated reminders.

1. Assam

2. Manipur

3. Arunachal Prades

4. Meghalaya

5. Orissa

6. Nagaland

Rashtriya Arogya Nidhi is managed by a Management Committee, consisting of the following members:-

1. Health Minister - Chairman

2. Secretary (Health/Min. of Health & FW) - Member

3. DGHS - Member

4. Joint Secretary, M/o Health & F.W. - Member Secretary

5. C.C.A., M/o Health & F.W. - Treasurer

There is also a provision of two non-official members to be co-opted from amongst the prominent donors to the fund.

There is a Technical Committee to advise the managing Committee on technical matters, such as nature of illness to be covered for assistance under the Scheme and other ancillary issues.

The Technical Committee comprises of the following:-

1. DGHS

2. Joint Secretary

3. Medical Superintendent, Dr. RML Hospital

4. HOD, Cardiology, AIIMS, New Delhi.

It has also been provided in the scheme that Union Territories (which do not have a legislature) will be sanctioned a budget outlay out of the NIAF, as and when the UT administration have set up an Illness Assistance Society/Committee. It was decided in the first meeting of the Managing Committee held on 21-10-98 that each UT will be sanctioned a budget outlay of Rs. 50 lakhs. Accordingly the following UTs have been sanctioned a budget outlay of Rs.50 Lakhs each, during the year1998-99.

1. Lakshdweep

2. Daman & Diu

3. Dadra & Nagar Haveli

4. Andaman & Nicobar Islands

5. Chandigarh

An illustrative list of categories of treatment to be provided from the Fund is given in the Annexure `C`.

For more detailed information contact :

Under Secretary (Grants) Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi-110011 Tele.: 23061986

Annexure-C

An illustrative list of categories of treatment to be provided from the fund is as follows : (This list could be modified by the Technical Committee):

1. Cardiology & Cardiac Surgery

Pacemakers disposable for interventional procedure including TMT, Echocardiography Coronary Angiography, Angioplasty Aheretomy, Heart surgery for Congenital and Acquired conditions including C.A.B.G., Vascular Surgery stents and Cardiac Transplantation, etc.

2. Cancer

Radiation treatment of all kinds.

Anti-Cancer Chemotherapy

3. Urology/Nephrology

Dialysis alongwith consumable goods (coils and dialysis solution etc.). Vascular shunts for Dialysis, P.C.N. & P.C.N.L. Kits, Lithotripsy (for stones)-disposable and stents for endoscopic surgical procedure inUrology and Gastroenterology, Renal & Hepatee transplantation.

4. Orthopaedics

Artificial prosthesis for limbs, implants and total hip and knee replacement external fixaters, AO implants used in the treatment of bone disease and fractures.

5. Miscellaneous

Intra-ocular lens implants, hearing aids and shunts for hydrocephalus.

6. Investigations

Ultra-sound, Doppler shidres, Radiooneulcolide scans, CT scan, Mammography, Angiography for all organs, M.R.I., E.E.G., EM.G., Urodynamic studies.

7. Drugs

Immuno-supressive durg, Anti TB drugs, Anti D, Anti Haemophilie globulin, Erythropoiten, Blood & Blood products/Plasma for patients of burn.

8. Other major illness considered appropriate for assistance by Medical Superintendent/ Committee of Doctors could be added to the List.